HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle) Mun, Ronald B.	STATE POSITION HELD: (Dept/Div or Board/Commission) Deputy Administrator, Office of Hawaiian		
Marry Ronald B.	Affairs TERM OF OFFICE (Begin/End): 11/17/97 / N/A		

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	Office of Hawaiian Affairs	E	Management
[]Check hei	[]Check here if entry is None []Check here if additional sheets are attache		

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

	the interest has a value of \$5,000 of more of it			
F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
F	Hauoli Sales Company, Ltd. Halawa Industrial Park, Unit A2	Retail Clothing Sales	Stockholder	E
	-			

]Check here if entry is None []Check here if additional sheets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

st any ow	nership or beneficial interests in businesses transfe	erred during the disclosur	e period and the date of	transfer.
F,SP, DC,JT				DATE OF TRANSFER
r Mehac	k here if entry is None		 Check here if additiona	sheets are attached
- • -	ITEM	4: CREDITORS		
ist the na ind amou	me of each creditor to whom the value of \$3,000 or nt outstanding. Exclude debts from retail installmer	more was owed during that transactions for the pur	ne disclosure period and chase of consumer good	the original amount
F,SP, DC,JT	NAME OF CREDITOR		ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
				•
. /2:	N. L. and M. and		Check here if additions	al abosto are attached
•	ck here if entry is None ITEM 5: OFFICERSHIPS	, DIRECTORSHIPS, TI	RUSTEESHIPS	
List every	officership, directorship, trusteeship, or other fiduc- ion, the term of office, and the annual compensation	iary relationship held duri	ng the disclosure period	in any business or
F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	Hauoli Sales Company, Ltd.	Director	2005-06	A
[]Check here if entry is None []Check here if additional sheets are attached				

List interes	ITEM 6: INTERESTS IN REAL PROPERTY Hists in real property in or outside of the State held during the erty that is your personal residence or the personal residence.	he disclosure period, if the interest h	as a value of \$10,000 or more.
F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF T MAP KEY NUMBER EXISTS)	AX VALUE
F	1912 Manoa Road	1-2-5-001-034-000-00	02-1 H
[]Chec	k here if entry is None	[]Check here if a	dditional sheets are attached
	ITEM 7: INTERESTS IN REAL PROPERTY ACC sts in real property in or outside of the State acquired dural property that is your personal residence or the personal	ring the disclosure period, if the inter	est has a value of \$10,000 or
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
[/]Che	ck here if entry is None	[]Check here if a	dditional sheets are attached
List intere	TEM 8: INTERESTS IN REAL PROPERTY TRANS ests in real property in or outside of the State transferred Real property that was your personal residence or the pe	during the disclosure period, if the in	terest has a value of \$10,000
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION

FORM D-201

[/]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT

NAME OF STATE AGENCY

Check here if entry is None

[]Check here if additional sheets are attached

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST		VALUE
			STATE OF HAWAII STATE ETHICS COMMISSION	"06 MAY 26 A10:36	

[/]Check here if entry is None

[]Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE

2.20.00

DATE